

Chapter 14 – Uniform Assessment Instrument (UAI) Form Version 3

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Important The required fields referenced in this chapter refer to system-required fields.
These fields are required in order for the form to be saved in approved status.

The information that is required due to policy may be different from those
that are system required.

Person Administration Requirements

Introduction According to each form, certain fields are required within the Person Administration.

Required Fields for Approved Form Status Personal Admin Tab / Name Secondary Tab:
Customer ***Legal Name*** (First and Last Names)
Date of Birth
SSN
Marital Status
Gender
Veteran
Spouse of Veteran
Receive Veteran Benefits
Ethnicity
Race
Speaks – Defaults to English
Reads – Defaults to English
Understands Only – Defaults to English

Address Details Tab:

Needs to have the Address Type of ***Residence***
Street
City
County - If out of state - use County "ZZ"
State - If out of country - use State "ZZ"
Zip
Residence - Rural or Urban

Saving Form **Each navigational tab (page) must be saved before advancing to the next tab.** Once the save is successful the page will automatically forward to the next navigational level tab.

Customer Primary Navigation Tab

Requirement Add or update all customer and associate information before you begin.

Form Reference Page 1 of the Uniform Assessment Instrument (UAI) form.

Main Secondary Navigational Tab

Required Fields All fields displayed on this page are required in order to save the assessment as work in progress.

Note The form status will automatically be placed in Work in Progress status which will be uneditable until the form is saved. Once the form data entry is completed, then switch the Form Status field will be active.

Note: To select an assessor, type in the full or partial name and press enter. A search will be performed and a listing will be displayed. Click on the appropriate Assessors Name to select.

Customer Primary Navigation Tab, Continued

Demographic Secondary Navigational Tab

UAI - Uniform Assessment Instrument [Print/Save](#)

Customer Family Community Health Education Employment Housing Transportation Social Services Legal Services Mental Health Substance Abuse Physical Health Financial Spiritual Cultural Language Other

Income below poverty level?

Does Customer live alone?

Does the customer have difficulty?

Social Security # 000-00-0000

Name ID 00000000

Medicaid Number 0000000000

Medicare Number

[Print/Save](#)

Indicates required for Approval

Required Fields *Income below poverty level?*

Does customer live alone?

Hint

To update the demographic information on the customer, click on the Customer Maintenance link. This will display the Person Administration Window. On the Person Administration page there will be a link back to the form that can be used when the person information has been updated.

KAMIS ID: 50000176 Name: JETSON, GEORG

PERSON ADMINISTRATION [Return to UAI](#)

Person Admin List Forms Case Log Customer R

Continued on next page

Functional Assessment Primary Navigation Tab, Continued

ADL Secondary Navigational Tab

UAI - Uniform Assessment Instrument

ADL Secondary

Definition of Code for Assessments

Code	Multiplier for Threshold Guide
1 Independent	0
2 Supervision Needed	1
3 Physical Assistance Needed	1
4 Unable to Perform	2

Enter Customer's Self-Performance Level/Long-Term Care Threshold Scoring

Activities of Daily Living

Code	Multiplier X Weight = Total
Bathing	0 3 4 =
Dressing	0 3 3 =
Feeding	0 3 5 =
Transferring	0 3 2 =
Walking/Stability	0 3 2 =
Eating	0 3 4 =

Sum of ADL Scores =

Required Fields All fields displayed on this page are required.

Continued on next page

Functional Assessment Primary Navigation Tab, Continued

IADL Secondary Navigational Tab

Uniform Assessment Instrument Tool HEDIS and B Long-Term Care Threshold Guide

Definition of Code for Assessments	Code	Multiplier for Threshold Score
Independent	1	0
Supervision Needed	2	1
Physical Assistance Needed	3	1
Unable to Perform	4	2

Enter Customer's Self-Performance Level Long-Term Care Threshold Scoring

Instrumental Activities of Daily Living	Code	Multiplier	Weight	Total
Meal Preparation	1	0	5	0
Shopping	1	0	5	0
Money Management	1	0	4	0
Transportation	1	0	3	0
Use of Telephone	1	0	2	0
Laundry/Housekeeping	1	0	5	0
Management of Medications, Treatments	1	0	5	0

Sum of IADL Scores = 0

Save

Required fields required for approval

Required Fields All fields displayed on this page are required.

Continued on next page

Functional Assessment Primary Navigation Tab, Continued

Risks Secondary Navigational Tab

UAI - Uniform Assessment Instrument

Risks: Current or Recent Problems (check all that apply)

Falls Last 1 month ☐ Last 6 months later ☐ 1.0.3 =

☐ Neglect ☐ Abuse ☐ and/or Exploitation ☐ By Others ☐ None ☐ 1.0.3 =

☐ Informal Support - check appropriate choice

Yes - there is support ☐

Indisputable ☐

No - there is no support ☐ 1.0.4 =

Behavior - check appropriate choice(s) if any difficult

Wandering ☐

Socially Inappropriate/Disruptive ☐

Decision Making Judgment ☐ 1.0.5 =

Sum of Risk Scores

Sum of Cognition, ADL, IADL, and Risk Scores

Sum

Indicates required for approval

Required Fields *Neglect / Abuse / Exploitation*

Informal Support

Continued on next page

Medicaid LTC Secondary Navigational Tab

[illegible]

Updated 5/01/2007

Nutrition Primary Navigation Tab

Form Reference

Page 3 of the Uniform Assessment Instrument (UAI) form

Nutrition Risks Secondary Navigational Tab

UAI - Uniform Assessment Instrument

Ask the Customer the following questions

Questions	Yes/No	Comments	Score
1. Do you eat daily? (less than 2 meals?)	<input checked="" type="radio"/> Yes		3
2. Do you eat less than 2 servings of fruits and vegetables?	<input type="radio"/> No		1
3. Do you eat less than 2 servings of dairy products (milk, cheese, yogurt, etc)?	<input type="radio"/> No		1
4. Do you eat less than 8 glasses of liquids?	<input type="radio"/> No		0
5. Do you drink alcoholic beverages?	<input type="radio"/> No		2
6. Do you use more than 2 different prescription or over-the-counter drugs?	<input type="radio"/> No		1
7. Do you have dental problems that make it difficult to eat?	<input type="radio"/> No		0
8. Have your eating habits changed due to stress?	<input type="radio"/> No		2
9. Are you physically unable to shop, cook, or feed yourself?	<input type="radio"/> No		2
10. Do you not sleep most of the time?	<input type="radio"/> No		1
11. Do you not have enough money to buy food?	<input type="radio"/> No		4
12. Have you gained/lost more than 10 pounds in 6 months?	<input type="radio"/> No		2

Saved Load

Customer does not meet any of the nutrition risk screen indicators ☐

Total Nutrition Risk Score

Submit

Required Fields *At least one item needs to be selected.* If none apply, select “Yes” on the last question “Customer does not meet any of the nutrition risk screen indicators.”

If any option on the above is answered "Yes" then **Comments** field is required.

Hint

Select just the "Yes" on the appropriate questions. Other fields can be left blank. Blank will default to "No" in the database. However, "No" will not be displayed on the form.

Continued on next page

Nutrition Primary Navigation Tab, Continued

Eating Problems Secondary Navigational Tab

The screenshot shows the 'UAI - Uniform Assessment Instrument' interface. At the top, there is a navigation bar with tabs labeled 1 through 14. Tab 3, 'Eating Problems', is currently selected and highlighted in yellow. Below the navigation bar, the text 'Ask the Customer the following questions' is displayed. The first question is 'Would you say that your appetite is', followed by a dropdown menu set to 'Normal' and a text input field. Below this, a red warning icon and text state: 'Do any of the following cause you any eating problems or affect your ability to eat?'. A list of eating problems follows: Swallowing, Taste, Nausea, Vomiting, Chewing food, Opening Containers, and Food always spoils. Each item has a corresponding dropdown menu. At the bottom left, there is a 'No Concerns' checkbox and a 'Save' button. At the bottom right, there is a text input field and a '0 of 2000' indicator.

Required Fields All fields displayed on this page are required.

Continued on next page

Nutrition Primary Navigation Tab, Continued

Eating Patterns Secondary Navigational Tab

The screenshot shows the 'Eating Patterns' section of the UAI - Uniform Assessment Instrument. At the top, there is a navigation bar with tabs for 'Home', 'Assessment', 'Reporting', 'User Management', 'System Administration', and 'Help'. Below this, there is a sub-navigation bar with tabs for '1. Customer Info', '2. Functional Assessment', '3. Eating Patterns', '4. Social History', '5. Physical Assessment', '6. Cognitive Assessment', '7. Health Assessment', '8. Environmental Assessment', '9. Financial Assessment', '10. Support Assessment', '11. Medication Assessment', and '12. Other Assessment'. The 'Eating Patterns' tab is currently selected and highlighted in yellow.

Below the navigation bar, the text 'Ask the Customer the following questions' is displayed. The main content area contains a table with five columns: 'How often do you?', 'Rarely 1 x week', 'Sometimes 2 x week', 'Frequently 4-6 x week', and 'Never'. The rows of the table are as follows:

How often do you?	Rarely 1 x week	Sometimes 2 x week	Frequently 4-6 x week	Never
Stops meals and just snacks "snack" through the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack the energy or desire to fix a meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find you don't know what to fix or can't fix small portions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forget to turn the stove off or heat food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack the desire to eat a meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat midnight or fast food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below the table, there is a text input field labeled 'If not, why?' with a '0 of 2000' character count. This is followed by a text input field labeled 'Describe what you eat in a typical day' with a '0 of 2000' character count. Finally, there is a text input field labeled 'Enter any OTHER Related Comments' with a '0 of 2000' character count. A 'Save' button is located at the bottom left of the form.

Required Fields All fields in the “How Often Do You:” area are required.

If one selection is *Never* the *If not, why?* comment area is required.

Form Reference

Help Prepare Food Secondary Navigational Tab

[illegible]

However, if the answer is "Yes" then **Who?**, **What?** and **When?** are required.

Updated 5/01/2007

Service Plan Primary Navigation Tab, Continued

Homebound Secondary Navigational Tab

The screenshot shows the 'LIAI - Uniform Assessment Instrument' form, specifically the 'Homebound' tab. The form is titled 'LIAI - Uniform Assessment Instrument' and has a subtitle 'Homebound'. It contains several sections: 'Ask the Customer the following questions', 'Is the Customer Homebound?', 'Participant Status', and a 'Done' button. The 'Is the Customer Homebound?' section has three radio buttons: 'Yes', 'No', and 'Not Applicable'. The 'Participant Status' section has five radio buttons: '60+ ELIGIBLE PERSON', 'SPOUSE, REGARDLESS OF AGE, OF 60+ ELIGIBLE PERSON', 'DISABLED PERSON, REGARDLESS OF AGE, RESIDING WITH 60+ ELIGIBLE PERSON', '60+ NON SPOUSE (WHEATHIER OR HOME DELIVERED MEALS ONLY)', and 'NOT APPLICABLE'. A 'Done' button is located at the bottom left. A red 'X' icon with the text 'Indicates required for approval' is located at the bottom left.

Required Fields All fields displayed on this page are required.

Hint ***Participant Status:*** This area lists all available statuses, some may not be applicable.

Continued on next page

Physical Health Primary Navigation Tab

Form Reference

Page 5 of the Uniform Assessment Instrument (UAI) form.

Title Secondary Navigational Tab



Required Fields At least on item or “No Problem” on this page is required.

Continued on next page

Physical Health Primary Navigation Tab, Continued

Cardiovascular Secondary Navigational Tab

The screenshot displays the 'UAI - Uniform Assessment Instrument' interface. At the top, there is a navigation bar with various tabs. Below this, a secondary navigation bar highlights the 'Cardiovascular' tab. The main content area is divided into three columns: 'CARDIOVASCULAR', 'ENDOCRINE', and 'GASTROINTESTINAL'. Each column contains a list of medical conditions or symptoms, each followed by a checkbox for assessment. The 'CARDIOVASCULAR' section includes items like 'Swelling/edema', 'Breasts enlarged/protruding', 'Chest Pain', 'Circulation Problems', 'Congestive Heart Failure', 'Heart Attack', 'Hypertension', 'Hypotension', 'Paresthesia', 'Shortness of Breath', 'Other', and 'No problem'. The 'ENDOCRINE' section includes 'Diabetes', 'Thyroid', 'Other', and 'No problem'. The 'GASTROINTESTINAL' section includes 'Abdominal Pain', 'Culitis', 'Constipation', 'Diarrhea', 'Difficulty swallowing', 'Dysenteric disease', 'Frequent use of laxatives', 'Self-trauma problems', 'Integrities', 'Intake bowel syndrome', 'Ulcers', 'Other', and 'No problem'. A 'Save' button is located at the bottom left of the form.

Required Fields At least on item or “No Problem” on this page is required.

Continued on next page

Physical Health Primary Navigation Tab, Continued

Genitourinary Secondary Navigational Tab

The screenshot displays the 'UAI - Uniform Assessment Instrument' interface. At the top, there is a navigation bar with various tabs. Below this, a secondary navigation bar highlights the 'Genitourinary' tab. The main content area is divided into three sections: 'GENITOURINARY', 'HEARING', and 'INFECTIOUS DISEASE'. Each section contains a list of items with corresponding checkboxes for assessment.

GENITOURINARY	HEARING	INFECTIOUS DISEASE
Odynia <input type="checkbox"/>	Self <input type="checkbox"/>	Alcohol <input type="checkbox"/>
Difficulty/urgent urination <input type="checkbox"/>	Decreased acuity <input type="checkbox"/>	Hepatitis <input type="checkbox"/>
Discharge and/or incontinence <input type="checkbox"/>	Eardrums <input type="checkbox"/>	Tuberculosis <input type="checkbox"/>
Frequent bladder infections <input type="checkbox"/>	Hearing Aid <input type="checkbox"/>	Other <input type="checkbox"/>
Nighttime urination/frequency <input type="checkbox"/>	Other <input type="checkbox"/>	No problem <input type="checkbox"/>
Other <input type="checkbox"/>	No problem <input type="checkbox"/>	
No problem <input type="checkbox"/>		

A 'Done' button is located at the bottom left of the form.

Required Fields At least one item or “No Problem” on this page is required.

Continued on next page

Physical Health Primary Navigation Tab, Continued

Musculoskeletal Secondary Navigational Tab

The screenshot displays the UAI - Uniform Assessment Instrument interface. At the top, there is a navigation bar with tabs for various assessment areas: Home, Profile, Goals, Physical Health, Personal History, Case List, Assessment, Referrals, Depositions, and others. Below this, a secondary navigation bar highlights the 'Physical Health' tab. The main content area is divided into three columns: Musculoskeletal, Neurological, and Reproductive System. Each column contains a list of assessment items with checkboxes for 'Yes', 'No', and 'No Problem'. The 'Musculoskeletal' section includes items like 'Amputation of', 'Arthritis - (rheumatoid or osteo)', 'Back pain', 'Contractures', 'Fracture Of', 'Joint replacement of', 'Osteoporosis', 'Pain/Post pain', 'Other', and 'No problem'. The 'Neurological' section includes 'Alzheimer's disease', 'Cerebral Palsy', 'Curd/Stroke', 'Dementia', 'Dyslexia', 'Parkinson's disease', 'Parkinson's disease', 'Seizure/Epilepsy', 'Speech problem', 'Transient ischemic attack', 'Traumatic brain injury', 'Other', and 'No problem'. The 'Reproductive System' section includes 'Enlarged prostate', 'Lump - breast/male (malignant)', 'Mastectomy of', 'Pap smear discharge (malignant)', 'Prostate cancer', 'Vaginal discharge', 'Other', and 'No problem'. A 'Done' button is located at the bottom left of the form.

Required Fields At least on item or “No Problem” on this page is required.

Continued on next page

Physical Health Primary Navigation Tab, Continued

Respiratory Secondary Navigational Tab

The screenshot displays the 'UAI - Uniform Assessment Instrument' interface. At the top, there is a navigation bar with various tabs. The 'Physical Health' tab is highlighted. Below this, there is a sub-navigation bar with tabs for 'Respiratory', 'Skin', and 'Vision'. The 'Respiratory' tab is selected, showing a list of respiratory conditions with checkboxes for assessment. The conditions listed are: Asthma, COPD, Cough (Unproductive), Difficulty breathing at any time, Emphysema, Oxygen, Other, and No problem. Each condition has a corresponding checkbox. The 'Skin' and 'Vision' tabs also show similar lists of conditions with checkboxes. A 'Save' button is located at the bottom left of the form.

RESPIRATORY	SKIN	VISION
Asthma <input type="checkbox"/>	Prescription user <input type="checkbox"/>	Blind <input type="checkbox"/>
COPD <input type="checkbox"/>	Rashes <input type="checkbox"/>	Blurred vision <input type="checkbox"/>
Cough (Unproductive) <input type="checkbox"/>	Stomach <input type="checkbox"/>	Cataracts <input type="checkbox"/>
Difficulty breathing at any time <input type="checkbox"/>	Stitch dermatitis <input type="checkbox"/>	Corneal issues <input type="checkbox"/>
Emphysema <input type="checkbox"/>	Other <input type="checkbox"/>	Glaucoma <input type="checkbox"/>
Oxygen <input type="checkbox"/>	No problem <input type="checkbox"/>	Macular degeneration <input type="checkbox"/>
Other <input type="checkbox"/>		Other <input type="checkbox"/>
No problem <input type="checkbox"/>		No problem <input type="checkbox"/>

Required Fields At least on item or “No Problem” on this page is required.

Continued on next page

Physical Health Primary Navigation Tab, Continued

Other Health Concerns Secondary Navigational Tab

UAI - Uniform Assessment Instrument

1. General 2. Functional 3. Substance 4. Mental 5. Physical 6. Health 7. Health 8. Health 9. Health 10. Health 11. Health 12. Health 13. Health 14. Health 15. Health 16. Health 17. Health 18. Health 19. Health 20. Health 21. Health 22. Health 23. Health 24. Health 25. Health 26. Health 27. Health 28. Health 29. Health 30. Health 31. Health 32. Health 33. Health 34. Health 35. Health 36. Health 37. Health 38. Health 39. Health 40. Health 41. Health 42. Health 43. Health 44. Health 45. Health 46. Health 47. Health 48. Health 49. Health 50. Health 51. Health 52. Health 53. Health 54. Health 55. Health 56. Health 57. Health 58. Health 59. Health 60. Health 61. Health 62. Health 63. Health 64. Health 65. Health 66. Health 67. Health 68. Health 69. Health 70. Health 71. Health 72. Health 73. Health 74. Health 75. Health 76. Health 77. Health 78. Health 79. Health 80. Health 81. Health 82. Health 83. Health 84. Health 85. Health 86. Health 87. Health 88. Health 89. Health 90. Health 91. Health 92. Health 93. Health 94. Health 95. Health 96. Health 97. Health 98. Health 99. Health 100. Health

OTHER

Alcohol use ☐ Mental illness ☐
Accidents ☐ Mental retardation ☐
Allergies ☐ Tobacco use ☐
Anemia ☐ Obesity ☐
Autism ☐ Significant weight loss/gain ☐
Cancer ☐ Other ☐
Developmental disability ☐ No problem ☐
Drug use in house ☐

Comments

9 of 100

Save

Required Fields At least on item or “No Problem” on this page is required.

Prescribed Health Primary Navigation Tab

Form Reference

Page 6 of the Uniform Assessment Instrument (UAI) form

Medications Secondary Navigational Tab

Required Fields *Number of Medications*

However, if Medication is listed all fields are then required. Instructions on how to add and delete the medications from the listing follow.

How To Add Medications

Follow the steps in the table below to add a medication.

Step	Action	Results
1.	Click on Add Medication	Table is created.

Continued on next page

Prescribed Health Primary Navigation Tab, Continued

How To Add Medications (continued)



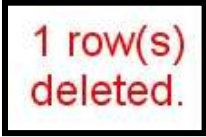
Step	Action	Results
2.	Type in Medication, Press Tab	Advances to next field
3.	Type in Dosage, Press Tab	Advances to next field
4.	Type in Frequency, Press Tab	Advances to next field
5.	Click on Save .	Save confirmation will be displayed.
6.	To add another medication, click on the Add Medication button again and return the Steps 2 through 5 above.	

Continued on next page

Prescribed Health Primary Navigation Tab, Continued

How To Delete Medications

Follow the steps in the table below to delete a medication. This can only be done until the assessment is saved as approved.

Step	Action	Results
1.	Next to the Medication, click on the check box.	Selects the row to be deleted.
		
2.	Click on the Delete Selected button.	Confirmation notice is displayed.
		
3.	Click on OK .	Delete confirmation will be displayed.
		

Prescribed Health Primary Navigation Tab, Continued

Medication Reminders Secondary Navigational Tab

The screenshot shows the 'UAI - Uniform Assessment Instrument' interface. At the top, there is a navigation bar with various tabs. The 'Medication Reminders' tab is selected and highlighted in yellow. Below the navigation bar, there is a grid of assessment areas. The 'Medication Reminders' area is also highlighted in yellow. The main content area contains the following text and form fields:

How does the customer remember to take medications? (check all that apply)

Calendar ☐

Person reminders ☐

Egg cart reminders ☐

Pill box or dispenser ☐

Follow label directions ☐

Other:

Other:

If set up, reminded, or given by another, by whom? how often?

© of 2001

Save

Required Fields No fields displayed on this page are required.

Note: If the IADL of Management of Medications, Treatments is scored 2 or above, then the “*If set up, reminded, or given by another, by whom? How often?*” field is required to have at least 10 characters entered.

Continued on next page

Prescribed Health Primary Navigation Tab, Continued

Drug Sensitivities Secondary Navigational Tab

UAI - Uniform Assessment Instrument Sensitivities

1 Customer	2 Customer Assessment	3 Customer ID	4 Device	5 Device Name	6 Device ID	7 Device ID	8 Device ID	9 Device ID	10 Device ID	11 Device ID	12 Device ID
Device ID	Device ID	Device ID	Device ID	Device ID	Device ID	Device ID	Device ID	Device ID	Device ID	Device ID	Device ID

Does the customer have any drug sensitivities?

If yes, what:

0 of 2000

Assessor: Do you have any concerns regarding the use of medication or drugs by the customer?

If yes, what concerns:

0 of 2000

Save

Required Fields No fields displayed on this page are required.

Prescribed Health Primary Navigation Tab, Continued

Medical/Legal Secondary Navigational Tab

UAI - Uniform Assessment Instrument

1 Customer info 2 Functional Assessment 3 Social History 4 Review Plan 5 Health Physical 6 Health Prescribed 7 Health Evaluation 8 Environmental 9 Financial 10 Support System 11 Personal 12 Other

Ask the customer the following questions:

Do you have:

☒ A Durable Power Of Attorney for Health Care Decisions? Where?

☐ Living will? Where?

☐ Do Not Resuscitate orders? Where?

☐ Do you see a doctor regularly? How often?

Have you been:

☐ Hospitalized or in the emergency room in the last 12 months? How many times?

☐ Admitted to a nursing home within the last 12 months? How many times?

Comments:

Start 2000

Save

Required Fields Do you have A Durable Power of Attorney for Health Care Decisions?

However, if any questions are checked, then the text field next to the check box is required.

Continued on next page

Prescribed Health Primary Navigation Tab, Continued

Special Equipment Secondary Navigational Tab

UI - Uniform Assessment Instrument

1. Continuum, 2. Functional Assessment, 3. Subject, 4. Clinical Plan, 5. Health Physical, 6. Health Prescribed, 7. Health Evaluation, 8. Environment, 9. Financial, 10. System, 11. Resource, 12. Page

1. Continuum, 2. Functional Assessment, 3. Subject, 4. Clinical Plan, 5. Health Physical, 6. Health Prescribed, 7. Health Evaluation, 8. Environment, 9. Financial, 10. System, 11. Resource, 12. Page

SPECIAL EQUIPMENT/ASSISTIVE DEVICES

Item	Needs	Item	Needs
Invasive eating equipment	<input type="checkbox"/>	Medical phone alert	<input type="checkbox"/>
Rolling equipment	<input type="checkbox"/>	Ramp (example - wheelchair)	<input type="checkbox"/>
Block (leg, back) pressure	<input type="checkbox"/>	Support (example - incontinence pads)	<input type="checkbox"/>
Cane, crutches	<input type="checkbox"/>	Toilet equipment	<input type="checkbox"/>
Debrales	<input type="checkbox"/>	Transfer equipment	<input type="checkbox"/>
Diabetic supplies	<input type="checkbox"/>	Widger	<input type="checkbox"/>
Glasses, contact lenses	<input type="checkbox"/>	Wheelchair (manual, electric)	<input type="checkbox"/>
Hearing aid(s)	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Hospital bed	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Save

Required Fields No fields displayed on this page are required.

Continued on next page

Health Evaluation Primary Navigation Tab, Continued

Caregiver Secondary Navigational Tab

Required Fields *Does the customer have a primary caregiver?*

If "Yes", then *Is the primary caregiver overwhelmed in providing care?*

If "Yes" then *explain*

Continued on next page

Medical Secondary Navigational Tab

Required Fields No fields displayed on this page are required.

Updated 5/01/2007

Environment Primary Navigation Tab

Form Reference

Page 8 of the Uniform Assessment Instrument (UAI) form

Residence Secondary Navigational Tab

UAI - Uniform Assessment Instrument

1 Customer 2 Function Assessment 3 Subsidy 4 Census 5 Needs 6 Needs 7 Health 8 Environment 9 Insurance 10 Support Services 11 Services 12 13 14

Residence

Place of Residence:

- ☒ APARTMENT, CONDOMINIUM 341
- ☐ ASSISTED LIVING 342
- ☐ BOARDING CARE HOME 343
- ☐ DUPLEX 344
- ☐ HOME PLUS 345
- ☐ HOMELESS 346
- ☐ HOUSE, TOWNHOUSE 347
- ☐ MOBILE HOME 348
- ☐ NURSING HOME 349
- ☐ RESIDENTIAL HEALTH CARE 350
- ☐ OTHER 351

Residence Is:

- ☐ GOVERNMENT SUBSIDIZED 400
- ☐ ON RESERVATION 401
- ☐ OWNED, WITH PAYMENT 402
- ☐ OWNED, NO PAYMENT 403
- ☐ RENTED 404
- ☐ RENT FREE FROM 405
- ☐ OTHER 411

Comments

8 of 2000

Save

Indicates required for approval

Required Fields *Place of Residence:* One option is required.

Residence Is: One option is required.

Continued on next page

Environment Primary Navigation Tab, Continued

Home Appliance Secondary Navigational Tab

UAI - Uniform Assessment Instrument

Does the customer's home have:

Appliance	Status
Air Conditioning Unit	Working
Electricity	Working
Flush Toilet	Working
Gas, Propane	Working
Heating System	Working
Refrigerator	Working
Piped Water, Hot/Cold	Working
Radio, Television	Working
Refrigerator, freezer	Working
Smoke Detector	Working
Stove, Hotplate, Oven	Working
Telephone	Working
Tub, Shower	Working
Washer	Working
Dryer	Working

Comments

8 of 2000

Save

Required Fields No fields displayed on this page are required.

The defaults are listed as "Working".

Continued on next page

Environment Primary Navigation Tab, Continued

Safety and Comfort Secondary Navigational Tab

LIAI - Uniform Assessment Instrument

1 Customer info 2 Traditional assessment info 3 Customer info 4 General info 5 Health assessment info 6 Health assessment info 7 Health assessment info 8 Environment info 9 Financial info 10 Customer Service info 11 Personal info 12 Other info

Customer: Do you feel safe inside your home?

Outside your home?

Is there anything inside or outside your home that you are worried or uncomfortable about?

Explain if the customer does not feel safe or if they have additional concerns:

8 of 2000

Back

Required Fields No fields displayed on this page are required.

Continued on next page

Home Access Secondary Navigational Tab

[illegible]

Required Fields No fields displayed on this page are required.

Continued on next page

Environment Primary Navigation Tab, Continued

Physical Safety Secondary Navigational Tab

The screenshot displays the 'UAI - Uniform Assessment Instrument' interface. At the top, there is a navigation bar with various tabs, including 'UAI - Uniform Assessment Instrument', 'UAI - Physical Safety', 'UAI - Financial', 'UAI - Health', 'UAI - Social', 'UAI - Legal', 'UAI - Other', 'UAI - Summary', 'UAI - Print', and 'UAI - Help'. The 'UAI - Physical Safety' tab is currently selected. Below the navigation bar, there is a list of assessment areas: '1 Customer', '2 Functional Assessment', '3 Physical', '4 Safety', '5 Health', '6 Health', '7 Health', '8 Environmental', '9 Financial', '10 Social', '11 Health', '12 Health', '13 Health', '14 Health', '15 Health', '16 Health', '17 Health', '18 Health', '19 Health', '20 Health', '21 Health', '22 Health', '23 Health', '24 Health', '25 Health', '26 Health', '27 Health', '28 Health', '29 Health', '30 Health', '31 Health', '32 Health', '33 Health', '34 Health', '35 Health', '36 Health', '37 Health', '38 Health', '39 Health', '40 Health', '41 Health', '42 Health', '43 Health', '44 Health', '45 Health', '46 Health', '47 Health', '48 Health', '49 Health', '50 Health', '51 Health', '52 Health', '53 Health', '54 Health', '55 Health', '56 Health', '57 Health', '58 Health', '59 Health', '60 Health', '61 Health', '62 Health', '63 Health', '64 Health', '65 Health', '66 Health', '67 Health', '68 Health', '69 Health', '70 Health', '71 Health', '72 Health', '73 Health', '74 Health', '75 Health', '76 Health', '77 Health', '78 Health', '79 Health', '80 Health', '81 Health', '82 Health', '83 Health', '84 Health', '85 Health', '86 Health', '87 Health', '88 Health', '89 Health', '90 Health', '91 Health', '92 Health', '93 Health', '94 Health', '95 Health', '96 Health', '97 Health', '98 Health', '99 Health', '100 Health'. The '8 Environmental' tab is highlighted. Below the list, there is a section titled 'Does the customer have any difficulty getting into their home or any rooms in their home (check all that apply)?'. This section contains a list of rooms with checkboxes: 'Basement', 'Bedroom', 'Bathroom', 'Entrances', 'Garage', 'Kitchen', 'Laundry Room', 'Living Room', 'Porch', 'Toilet Facility', and 'No Difficulty'. A 'Comments' field is also present. At the bottom left, there is a 'Save' button. At the bottom right, it says '8 of 1000'.

Required Fields No fields displayed on this page are required.

Continued on next page

Recommendations

Secondary

Navigational Tab

Required Fields No fields displayed on this page are required.

Updated 5/01/2007

Environment Primary Navigation Tab, Continued

Delivery Page Secondary Navigational Tab

UAI - Uniform Assessment Instrument [View Details](#) [View all call center call center call center](#)

1 Customer call center [View Details](#) 2 Feedback Assessment call center [View Details](#) 3 Customer call center [View Details](#) 4 Service Plan call center [View Details](#) 5 Service Plan call center [View Details](#) 6 Service Plan call center [View Details](#) 7 Service Plan call center [View Details](#) 8 **Delivery page** [View Details](#) 9 Regional call center [View Details](#) 10 Regional call center [View Details](#) 11 Regional call center [View Details](#) 12 Regional call center [View Details](#) 13 Regional call center [View Details](#) 14 Regional call center [View Details](#) 15 Regional call center [View Details](#) 16 Regional call center [View Details](#) 17 Regional call center [View Details](#) 18 Regional call center [View Details](#) 19 Regional call center [View Details](#) 20 Regional call center [View Details](#) 21 Regional call center [View Details](#) 22 Regional call center [View Details](#) 23 Regional call center [View Details](#) 24 Regional call center [View Details](#) 25 Regional call center [View Details](#) 26 Regional call center [View Details](#) 27 Regional call center [View Details](#) 28 Regional call center [View Details](#) 29 Regional call center [View Details](#) 30 Regional call center [View Details](#) 31 Regional call center [View Details](#) 32 Regional call center [View Details](#) 33 Regional call center [View Details](#) 34 Regional call center [View Details](#) 35 Regional call center [View Details](#) 36 Regional call center [View Details](#) 37 Regional call center [View Details](#) 38 Regional call center [View Details](#) 39 Regional call center [View Details](#) 40 Regional call center [View Details](#) 41 Regional call center [View Details](#) 42 Regional call center [View Details](#) 43 Regional call center [View Details](#) 44 Regional call center [View Details](#) 45 Regional call center [View Details](#) 46 Regional call center [View Details](#) 47 Regional call center [View Details](#) 48 Regional call center [View Details](#) 49 Regional call center [View Details](#) 50 Regional call center [View Details](#) 51 Regional call center [View Details](#) 52 Regional call center [View Details](#) 53 Regional call center [View Details](#) 54 Regional call center [View Details](#) 55 Regional call center [View Details](#) 56 Regional call center [View Details](#) 57 Regional call center [View Details](#) 58 Regional call center [View Details](#) 59 Regional call center [View Details](#) 60 Regional call center [View Details](#) 61 Regional call center [View Details](#) 62 Regional call center [View Details](#) 63 Regional call center [View Details](#) 64 Regional call center [View Details](#) 65 Regional call center [View Details](#) 66 Regional call center [View Details](#) 67 Regional call center [View Details](#) 68 Regional call center [View Details](#) 69 Regional call center [View Details](#) 70 Regional call center [View Details](#) 71 Regional call center [View Details](#) 72 Regional call center [View Details](#) 73 Regional call center [View Details](#) 74 Regional call center [View Details](#) 75 Regional call center [View Details](#) 76 Regional call center [View Details](#) 77 Regional call center [View Details](#) 78 Regional call center [View Details](#) 79 Regional call center [View Details](#) 80 Regional call center [View Details](#) 81 Regional call center [View Details](#) 82 Regional call center [View Details](#) 83 Regional call center [View Details](#) 84 Regional call center [View Details](#) 85 Regional call center [View Details](#) 86 Regional call center [View Details](#) 87 Regional call center [View Details](#) 88 Regional call center [View Details](#) 89 Regional call center [View Details](#) 90 Regional call center [View Details](#) 91 Regional call center [View Details](#) 92 Regional call center [View Details](#) 93 Regional call center [View Details](#) 94 Regional call center [View Details](#) 95 Regional call center [View Details](#) 96 Regional call center [View Details](#) 97 Regional call center [View Details](#) 98 Regional call center [View Details](#) 99 Regional call center [View Details](#) 100 Regional call center [View Details](#)

Are there special considerations for service delivery such as smoking, pets, or "go to the back door"?

System

0 of 1000

[Save](#)

[System Documentation](#)

[Test Month Data](#) [Test Day Data](#) [Clear Data](#)

Required Fields No fields displayed on this page are required.

Financial Primary Navigation Tab

Form Reference

Page 9 of the Uniform Assessment Instrument (UAI) form.

Income Secondary Navigational Tab

UAI - Uniform Assessment Instrument

Family Size: (if family will include customer, spouse and minor children living together)

Has the customer refused to provide income information? ☐ Yes ☒ No

Type of Income	Customer	Spouse	Minor Child	Total	Comments (note benefit recipients)
SSA					
SSI					
SSI					
Retirement Pensions					
Interest Pensions					
Gross Employment Earnings					
Income From Property					
Net Farm Income					
Interest Dividends					
Crop Dividends, Royalties, ...					
Regular Support From Others					
Cash From SRS					
Other					
Other					
Monthly Total Income (Remember to check poverty level on page 1)					

Save

Indicates required for Approval

Required Fields *Family Size*

Has the customer refused to provide income information?

The default is "No".

Income must be entered if the answer to the above question is "No".

Continued on next page

Financial Primary Navigation Tab, Continued

Co-Pay Secondary Navigational Tab

UAI - Uniform Assessment Instrument

1. Customer info 2. Financial Assessment info 3. Customer info 4. Service Plan info 5. Health Plan info 6. Health Plan info 7. Health Plan info 8. Health Plan info 9. Health Plan info 10. Health Plan info

Calculate SCA %

Percent of customer responsibility for co-pay program:

SCA %

IE %

Other %

Save

Required Fields No fields displayed on this page are required.

Note The SCA Percentage amount will automatically populate to reflect the correct amount after the SCA Assets page is completed, the "Calculate SCA %" button is pressed and the page is saved.

Continued on next page

Financial Primary Navigation Tab, Continued

Legal Secondary Navigational Tab

The screenshot displays the 'UAI - Uniform Assessment Instrument' form, specifically the 'Legal' tab. The top navigation bar includes tabs for 'Customer', 'Financial', 'Medical', 'Social', 'Education', 'Employment', 'Housing', 'Transportation', 'Food', 'Utilities', 'Insurance', 'Legal', 'Mental Health', 'Substance Use', 'Physical Health', 'Spiritual/Religious', 'Cultural/Language', 'Family', 'Community', 'Other', and 'Total'. The 'Legal' tab is currently selected and highlighted in yellow. Below the navigation bar, the form contains several sections: 'Do you need legal assistance?' with a dropdown menu; 'Financial' with a dropdown menu; 'Medical' with a dropdown menu; 'Food Stamp' with a dropdown menu; 'SSI/Supplemental' with a dropdown menu; 'Supplemental Insurance' with fields for 'Company', 'Policy', and 'Premium Amt \$'; 'Comments' with a large text area; and a 'Save' button at the bottom left. On the right side, there is a section titled 'Designated Person for financial matters:' with checkboxes for 'Self', 'Other', 'Durative Power of Attorney', and 'Conservator', and a '+ Add Associate' button at the bottom.

Required Fields No fields displayed on this page are required.

Note There is an option to add an associate if needed.

Continued on next page

Financial Primary Navigation Tab, Continued

SCA Assets Card

UAI - Uniform Assessment Instrument

SCA Assets Card

Do you have liquid assets such as Cash (deposited or not), Certificates of Deposit (CD), Stocks or Bonds in excess of the following (if unsure complete item below)?

Identify the approximate value for each of the following described assets:

Identify the approximate value for each of the following described assets	Value
Checking/Cash On Hand	
Savings	
Bonds	
Certificate of Deposit (CD)	
Individual Retirement Account (IRA)	
Life Insurance (Cash Value)	
Money Market	
Mutual Funds	
Savings Bonds	
Stocks (If all-out table below)	
TOTAL GROSS LIQUID ASSETS	
TOTAL % OF CUSTOMER RESPONSIBILITY	100

Calculate SCA % Save

Stock Data (Updateable)

No Data Found

Save Stocks Add Stock Delete Selected Stocks Cancel

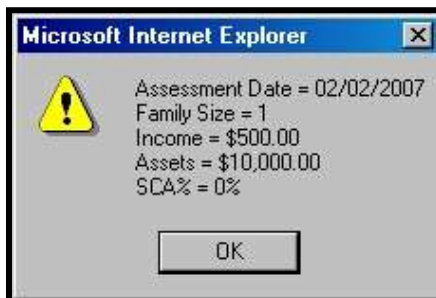
Required Fields *Do you have items such as Cash (deposited or not), CD's, Stocks or Bonds in excess of the assets limitation based on family size?*

If answered "Yes" then at least one item must be entered.

Calculate SCA % Button must be selected to calculate the SCA Customer Responsibility percentage.

Note

When saving this page a notice regarding all financial information will be displayed. Click on OK and the page will advance to the Support Service tab.



Continued on next page



Financial Primary Navigation Tab, Continued

Entering Stock Information

When entering the number of shares of stock that is owned a table will be created. The total of all the stock information entered will appear in the appropriate field in the listing. See the next page for instructions on entering this information.

How To Add

Under the Stock Data region follow the steps in the table below to add share information.

Step	Action	Results
1.	Click in the Stock field in the asset listing.	Action Buttons will be displayed.
 <p>The screenshot shows the 'Stocks (Fill out table below)' section with three input fields: 'Stocks (Fill out table below)' with value 0, 'TOTAL GROSS LIQUID ASSETS' with value 0, and 'TOTAL % OF CUSTOMER RESPONSIBILITY' with value 0. Below these are buttons for 'Calculate SCA%' and 'Save'. The 'Stock Data (Updateable)' section shows 'No data found.' and buttons for 'Save Stocks', 'Add Stock', 'Delete Selected Stocks', and 'Cancel'. A red 'R' icon indicates 'Indicates required for Approval'.</p>		
2.	Click on Add Stock button	Table is created
 <p>The screenshot shows the 'Stock Data (Updateable)' section with a table. The table has columns: 'Number of Shares', 'Value', and 'Stock Value'. There is one row with empty input fields. Below the table are buttons for 'Save Stocks', 'Add Stock', 'Delete Selected Stocks', and 'Cancel'. The text '1 - 1' is visible at the bottom right of the table area.</p>		
3.	Type in the Number of Shares , Press Tab	Advances to the next field

Continued on next page

Financial Primary Navigation Tab, Continued



How To Add (continued)

Step	Action	Results								
4.	Type in the Value of the Shares , Press Tab	Stock Value Amount is displayed								
<div><div>Stocks (Fill out table below)</div><div><div>0</div><div>0</div><div>0</div></div><div><div>Calculate SCA%</div><div>Save</div></div><div><div>Stock Data (Updateable)</div><table><thead><tr><th><input type="checkbox"/></th><th>Number of Shares</th><th>Value</th><th>Stock Value</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>100</td><td>100</td><td>10000</td></tr></tbody></table><div>1 - 1</div><div><div>Save Stocks</div><div>Add Stock</div><div>Delete Selected Stocks</div><div>Cancel</div></div></div></div>			<input type="checkbox"/>	Number of Shares	Value	Stock Value	<input type="checkbox"/>	100	100	10000
<input type="checkbox"/>	Number of Shares	Value	Stock Value							
<input type="checkbox"/>	100	100	10000							
5.	Click on Save Stocks .	<div>Save confirmation will be displayed.</div> <div><div>0 row(s) updated, 1 row(s) inserted.</div></div> <div>Also, the Stock Value is added to the Assets listing in the Stocks Field.</div>								
<div><div>Stocks (Fill out table below)</div><div><div>10000</div><div>10000</div><div>15</div></div><div><div>Calculate SCA%</div><div>Save</div></div><div><div>Stock Data (Updateable)</div><table><thead><tr><th><input type="checkbox"/></th><th>Number of Shares</th><th>Value</th><th>Stock Value</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>100</td><td>100</td><td>10000</td></tr></tbody></table><div>1 - 1</div><div><div>Save Stocks</div><div>Add Stock</div><div>Delete Selected Stocks</div><div>Cancel</div></div></div></div>			<input type="checkbox"/>	Number of Shares	Value	Stock Value	<input type="checkbox"/>	100	100	10000
<input type="checkbox"/>	Number of Shares	Value	Stock Value							
<input type="checkbox"/>	100	100	10000							

Continued on next page

Financial Primary Navigation Tab, Continued

How To Delete Follow the steps in the table below to delete a stock entry. This can only be done until the assessment is saved as approved.

Step	Action	Results
1.	Next to the Stock, click on the check box.	Selects the row to be deleted.
		
2.	Click on the Delete Selected Stocks button.	Confirmation notice is displayed.
		
3.	Click on OK .	Entry will be deleted.

Support Services Primary Navigation Tab

Form Reference

Page 10 of the Uniform Assessment Instrument (UAI) form.

Support Services Secondary Navigational Tab

The screenshot shows the 'UAI - Uniform Assessment Instrument' form, specifically Page 10. The 'Support Services' tab is selected and highlighted in orange. The form contains several input fields for costs, organized into two columns. The left column includes fields for 'SCA total cost including customer copay', 'IE total cost including customer copay', 'Out-of-pocket cost', and 'Total customer obligation to pay'. The right column includes fields for 'HCBS amount including customer obligation', 'Medicaid Average Acute Care Cost', and 'HCBS Total Cost'. Below these fields is a section titled 'Additional Support Services from Home Health, Family, Friend, Neighbor, Attorney, Landlord, Church, Club, Other' with a dropdown menu and a text input field. At the bottom left, there are 'Add' and 'Save' buttons.



Required Fields *Additional Supports exist?*

The remaining fields will be auto populate from the Plan of Care.

Continued on next page

Support Services Primary Navigation Tab, Continued

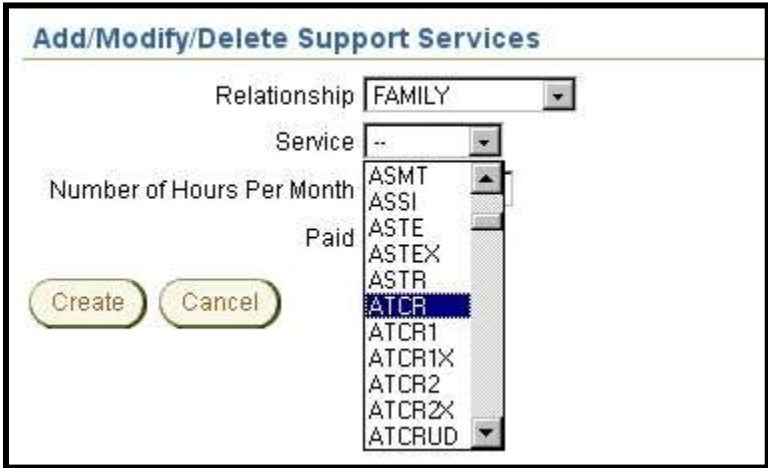

How To Follow the steps in the table below to add Support Services information.

Step	Action	Results
1.	Click on the Add button	
2.	Click on Relationship	Drop Down dialog box will the generic options. 
3.	Select the appropriate Additional Support Relationship. Press Tab.	Advances to next field.

Continued on next page

Support Services Primary Navigation Tab, Continued




How To (continued)

Step	Action	Results
4.	Click on Service .	Drop Down dialog box is displayed.
		
5.	Select appropriate Service code . Press Tab	Advances to next field.
6.	Type the Total Number of Hours Per Month of service provided. Press Tab	Advances to next field.
7.	Click on Paid	Drop Down dialog box is displayed.
8.	Select "No" or "Yes"	Required Field
		

Continued on next page

Support Services Primary Navigation Tab, Continued

How To (continued)

Step	Action	Results															
9.	Click on Create	Table is created. Repeat the process until all the Additional Support entries are completed.															
<div><div>total customer obligation/copay to</div><div>Additional Support/Services from Home Health, Family, Friend, Neighbor, Attorney, Landlord, Church, Club, Other</div><table><tr><th>Relationship</th><th>Service</th><th>Number of Hours per Month</th><th>Paid</th><th>Modify</th></tr><tr><td>FAMILY</td><td>ATCR</td><td>40</td><td>N</td><td></td></tr><tr><td colspan="4"></td><td>1 - 1</td></tr></table><div><div>Add</div><div>Save</div></div></div>			Relationship	Service	Number of Hours per Month	Paid	Modify	FAMILY	ATCR	40	N						1 - 1
Relationship	Service	Number of Hours per Month	Paid	Modify													
FAMILY	ATCR	40	N														
				1 - 1													
10.	Click on Save .	Save confirmation will be displayed.															

Release Primary Navigation Tab

Form Reference

Page 10 of the Uniform Assessment Instrument (UAI) form.

Release Secondary Navigational Tab



Required Fields *Release of Information:* Acknowledgement that the form as signed

Who signed the form?

Hint

Once the Save button is selected, the page will automatically forward to the Customer Primary Navigation Tab – Main Secondary Navigation Tab so that the form status can be changed from Work in Progress to Approved.

Plan of Care / Unmet Needs

For Plan of Care/Unmet Needs entry, see the individual chapters for detailed instructions.

Print View

Form Reference

This tab will give the opportunity to print the assessment information in its entirety. The format will not be in the same arrangement as the form, but it will be divided into sections of information according to the paper form. This will open in a separate window from the assessment.

Print View

The grayed background area indicates the information is from Person Administration

When printing the pages will separate as indicated.

Uniform Assessment Instrument - Microsoft Internet Explorer

KAMIS II Kansas Department on Aging - Uniform Assessment Instrument (UAI) DEVELOPMENT Viewed on: 05/01/2007 09:07:38 AM by: TRAININGUSER page 1

KAMIS ID: 50000176 Birth Date: 07/04/1920 Age: 86 Gender: MALE Customer SSN: 963258741
Name: GEORGE JETSON Marital Status: MARRIED Medicaid Card ID:
Name Preferred: Veteran/Spouse of Veteran: Y Medicare Card ID:

Customer Ethnicity Type: NOT HISPANIC OR LATINO
Customer Ethnicity: WHITE NON-HISPANIC

Customer Speaks: ENGLISH
Customer Reads: ENGLISH
Customer Understands: ENGLISH

Current Addresses: Address Type: RESIDENTIAL Effective Date: 01/01/2007 Termination Date:
Location: URBAN County: SN - SHAWNEE

101 SKYPAD APARTMENTS
ORBIT CITY, KS 66601-1111
Primary Phone: 785-296-4987 Alternate Phone: Cell Phone: Fax:
E-Mail: Website:
Directions:

Roles: CUSTOMER ACTIVE Effective Date: 01/01/2007 Termination Date:
Associates: EMERGENCY CONTACT SPOUSE Effective Date: 04/01/2007 Termination Date:
JETSON, JANE 785-296-6459
FINANCIALLY RESPONSIBLE FOR CO-PAY/CUSTOMER OBLIGATION CONSERVATOR Effective Date: 01/01/2007 Termination Date:
SPACELY, COSMO G. 785-296-4987

KAMIS II Kansas Department on Aging - Uniform Assessment Instrument (UAI) DEVELOPMENT Viewed on: 05/01/2007 09:07:40 AM by: TRAININGUSER page 2

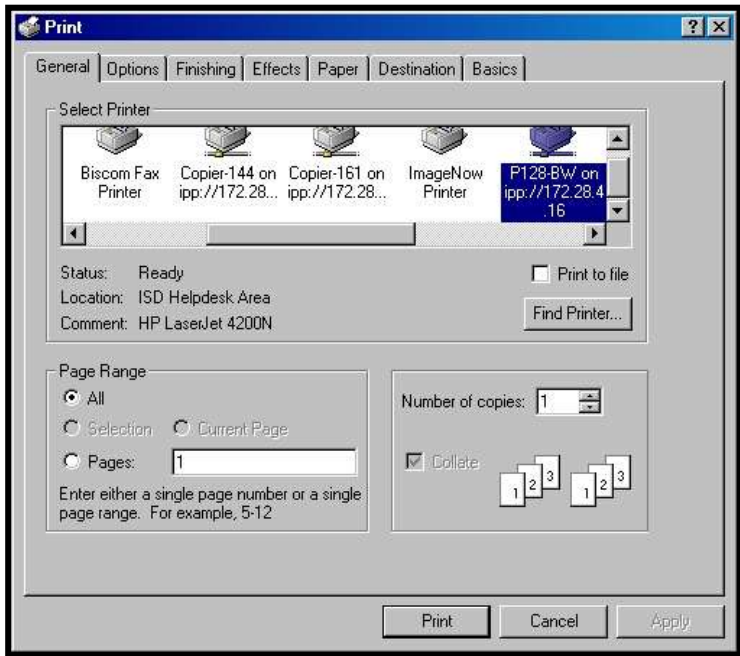
Customer: 50000176 - JETSON, GEORGE
PSA: 7 Assessment Nbr: 50000380 Assessment Date: 02/02/2007
Form Status: 159 Disaster Red Flag:
Reassessment Due Date: 02/01/2008 Electric:
Funding: HCBS/IFE Phys Assist/Medication:
Done Internet

Continued on next page


Print View, Continued

To Print

Follow the steps in the table below to complete the Customer Referral process.

Step	Action	Result						
1.	Click on the printer icon at the top right of any region.	Printer dialog box will display. (This may look different depending upon your printer and the options available.)						
<div></div>								
2.	Select the Page Range	See table below for options.						
	<table><tr><th>Option</th><th>Result</th></tr><tr><td>All</td><td>All pages will print</td></tr><tr><td>Pages (enter the page number)</td><td>Only the specified page will print.</td></tr></table>		Option	Result	All	All pages will print	Pages (enter the page number)	Only the specified page will print.
Option	Result							
All	All pages will print							
Pages (enter the page number)	Only the specified page will print.							
3.	Click on Print .	Document will print.						

To Close

The window can be closed by clicking on the  in the right upper corner.